

FORM PTO-1083
MAIL STOP: AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22314-1450



Docket No.: 200.1079CON
Date: January 26, 2007

In re application of: Ronald M. BURCH, et al.
Serial No.: 10/033,055
Filed: December 27, 2001
For: ANALGESIC COMBINATION OF OXYCODONE AND CELECOXIB

Sir:

Transmitted herewith is a **Petition for Three Month Extension of Time** in the above-identified application.

- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
☒ No fee for additional claims is required.
☐ A filing fee for additional claims calculated as shown below, is required:

| FOR: | (Col. 1) | (Col. 2) | | SMALL ENTITY | | OR | LARGE ENTITY | |
|--|-----------|------------|---------|--------------|-------|----|--------------|-------|
| | REMAINING | HIGHEST | | RATE | FEE | | RATE | FEE |
| | AFTER | PREVIOUSLY | PRESENT | | | | | |
| | AMENDMENT | PAID FOR | EXTRA | | | | | |
| TOTAL CLAIMS | Minus | = | 0 | x \$ | 9 | | x \$ | 18 |
| INDEP. CLAIMS | Minus | = | 0 | x \$ | 42 | | x \$ | 84 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | + | \$180 | | + | \$360 |

TOTAL: \$ OR TOTAL: \$360.00

- * If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

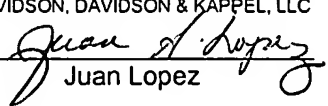
- ☐ Also transmitted herewith are:
☐ Petition for three (3) month extension under 37 C.F.R. 1.136
- ☒ Check(s) in the amount of **\$1,020.00** is/are attached to cover:
☐ Filing fee for multiple dependent claim
☒ Petition for three (3) month extension under 37 C.F.R. 1.136
☐ Other:
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
- ☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.
- ☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

01/29/2007 CCHAU1 00000047 500552 10033055
01 FC:1203 360.00 DA


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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with sufficient postage to the United States Postal Service as "first class mail" in an envelope addressed to "Mail Stop: AF; Commissioner for Patents, Alexandria, VA 22314-1450" on January 26, 2007

DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: 
Juan Lopez

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

200.1079CON

Application Number 10/033,055

Filed December 27, 2001

For Analgesic Combination of Oxycodone and Celecoxib

Art Unit 1639

Examiner Sue Xu LIU

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | Fee | Small Entity Fee | |
|--|--------|------------------|------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$_____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$_____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$1,020.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$_____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$_____ |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0552. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 41,240

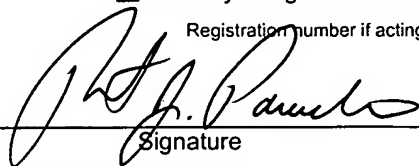
☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34.

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01 FC:1253

1020.00 CD



Signature

Robert J. Paradiso

Typed or printed name

January 26, 2007

Date

212-736-1940

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

